

**APPLICANTS' REASONABLE ACCOMMODATION/
TESTING ARRANGEMENTS QUESTIONNAIRE**

You **will** be asked to provide proof (verification) of your need for reasonable accommodation in the civil service examining process. This Reasonable Accommodation/Testing Arrangements Questionnaire will be kept in a confidential file at the California Department of Corrections and Rehabilitation (CDCR) testing office at which you are applying to take this examination(s). Requesting testing accommodations will have **no** effect on your score in the examination. Please return the completed questionnaire in the envelope provided.

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____
(Please indicate with an asterisk (*) if the telephone number is a TDD number)

Exam Title(s): _____

1. Have you ever filled in this questionnaire for an examination with the CDCR at this site? If you have, you do not need to fill in another one unless there has been a change in your limitations, as it is maintained in a confidential file at this CDCR testing office.

_____ YES If "YES" go to Question #8.

_____ NO If "NO," complete Questions #2 through #7.

2. What are your limitations in relation to taking civil service examinations?

3. Do you use an assistive device(s) which you wish to use during a written and/or oral examination, e.g., Braillewriter?

_____ YES _____ NO If "YES" describe: _____

4. If written tests were available in special editions, i.e., Braille, large print, or tape recording, would you prefer taking a special edition test or using a reader?

Specify preference below. Example: 1st Choice: Braille 2nd Choice: Reader

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

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5. Do you need a test site with wheelchair ramps, bathrooms for a wheelchair, etc. (free of mobility barriers)?

_____ YES _____ NO Comments: _____

6. Below is a list of typical tasks that may be included in a written, interview, or performance test. Please check the task(s) where you may need assistance in taking a test.

<u>Task</u>	<u>Describe help needed</u> (for example: reader, sign language interpreter, slate & stylus)
a.) Reading test instructions or questions	a.) _____
b.) Reading charts	b.) _____
c.) Working math problems with paper and pencil	c.) _____
d.) Hearing instructions and questions	d.) _____
e.) Asking or answering questions	e.) _____
f.) Taking notes (writing)	f.) _____
g.) Writing lengthy answers to questions (essays)	g.) _____
h.) Marking answers on an answer sheet	h.) _____
i.) Sitting for several hours	i.) _____
j.) Sitting at a regular height table or desk (about 27" from floor to table)	j.) _____

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Other task(s) not listed previously where you may need assistance in taking a test.

Written Test:

Task

Describe assistance needed:

Oral Test

Task

Describe assistance needed:

Performance Test:

Task

Describe assistance needed:

7. Additional Comments:

8. Signature: _____ Date: _____